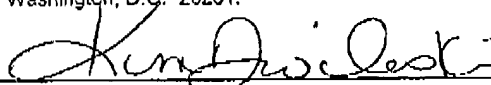
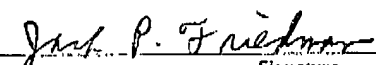


TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. NERE-2842
In Re Application Of: Nerenberg et al.			
Serial No. 09/584,610	Filing Date 05/31/00	Examiner Rimell, S.	Group Art Unit 3712
Title: DEATH VISUALIZATION THERAPY			
<p style="text-align: center;">Address to: Assistant Commissioner for Patents Washington, D.C. 20231</p> <p style="text-align: center;">37 CFR 1.97(b)</p> <p>1. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;">37 CFR 1.97(c)</p> <p>2. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="padding-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>			

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Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))			
<input checked="" type="checkbox"/> A check in the amount of \$180.00 is attached. <input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 19-0513 as described below. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Charge the amount of <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required.			
Certificate of Transmission by Facsimile*		Certificate of Mailing by First Class Mail	
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F</p><p>_____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature</p><p style="text-align: center;">_____ Typed or Printed Name of Person Signing Certificate</p></div>		<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited - 2/3/2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Klm Dwileski</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Certificate</p></div>	
<p>*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="text-align: center;"> _____ Signature</p><p>Jack P. Friedman Reg. No. 44,688 Schmeiser, Olsen & Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110 (518) 220-1850</p></div><div style="width: 45%; text-align: right;"><p>Dated: 2/3/2003</p></div></div>			
CC:			